

**CITY OF VIDALIA
WATER DEPOSIT APPLICATION**

NAME: _____

ADDRESS OF SERVICE REQUEST: _____

MAILING ADDRESS IF DIFFERENT: _____

RENT/OWN _____ DATE _____

IF RENTING PROVIDE COPY OF LEASE: _____ YES / NO
(If no lease is available City of Vidalia will verify occupancy by contacting landlord / homeowner)

NAME OF LANDLORD / HOMEOWNER: _____

DEPOSIT: _____ \$100.00

I (We) hereby make application for water and sewer service and agree to pay for the same at the regular rates and subject to minimum charges, as the same may be changed from time to time. The City of Vidalia shall have the right to discontinue such water service if any monthly bill for water and/or sewer is not paid within ten days after maturity thereof.

I (We) also agree that this application shall apply to subsequent locations to which I (We) request transfer of service, as evidenced by records of the city.

A duly authorized representative of the City shall have free access to the premises to make such inspections as may be required by the City at all reasonable hours. Failure to pay Water and Sewer charges or failure to comply with any of the rules and regulations of the City, as changed from time to time, shall be deemed just cause for discontinuance of water service and forfeiture of deposit.

It is further understood and agreed that the City of Vidalia makes no representation or guaranty as to the quantity, quality or continuity of water or sewer service other than that it shall exercise reasonable diligence with respect thereto. This application and the services to be rendered hereunder are made subject to all Vidalia ordinances, rules, and regulations now in force, and adopted hereafter, applicable thereto.

I (We) agree to be responsible for any damages to the water meter, all attachments and all water and sewer service charges to said premises until forty-eight hours after written notice to discontinue said service has been given to this office. I also consent to receiving emails, texts (SMS), auto-dailed and or artificial or pre-recorded message to my cellular phone or to any telephone number or email provided by me to City of Vidalia or its affiliates and their agents including, without limitation, any account management companies and independent contractors including debt collectors. I understand that consenting to the above is not required before I receive service from City of Vidalia.

SIGNATURE: _____

DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____

DATE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____

PHONE # _____ HOME: _____ WORK: _____

CELL: _____

EMAIL ADDRESS: _____